



**DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES  
DIVISION OF ENVIRONMENTAL HEALTH  
CHILD CARE FACILITY  
INSPECTION REPORT**

REASON		GRADE  Ø	Inspection Date:	ESTABLISHMENT NAME:	
Regular	✓		9/25/18	THE YOUNG LEARNER CENTER	
Follow-Up			Time In/Out:	OWNER/OPERATOR:	
Complaint			3:00pm   3:50pm	SAN NICOLAS, CORAZON H	
Investigation			RATING  A	LOCATION:	Establishment Type:
Other:		Sanitary Permit No.:		CLO/MAR/BOBY	
			20000-18000373	PERMIT STATUS: ✓ Valid _____ Temporary _____ Expired	

No. of Children: 5 Male 1 Female 2 Total Child Care License: No.: 30156 / Valid / / Provisional / / Expired

The following items identify violations found this day in the operations and facilities which must be corrected by the next inspection or sooner as the Department indicates. Non-compliance may result in downgrading or permit suspension. To appeal a written request for hearing must be submitted before the indicated correction date.

[illegible]

I have read and understand the above violation(s) and I am aware of the corrective measures to be taken.

\*Note: When any of the following items are cited above, they shall be corrected within 10 days of this inspection:  
(2), (4), (6), (14), (21), (23), (24), (27), (28), (39) & (40).

Received By (Name & Title):  
Rhea Villanueva, Director R. Villanueva  
DEH Inspector (Name & Title):  
T. Shimizu, EPD T. Shimizu